P.001 PTQ/SB/21 (09-04)

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(to be used for all correspondence after initial filing)			Examiner Name		Carolyn L	. Smith	******	+ 3 +	KUUD
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Date		3/31/2006		Reg. No.	55,788				
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I hereby certify that this con Service with sufficient post Alexandria, VA 22313-1450 (and se first class	mail in below.	an envelope addres	sed to: Co	ammiceianar	for Detent	nited States s, P.O. Box	Postal 1450,	
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